PTO/SB/05 (01-04)
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# UTILITY PATENT APPLICATION **TRANSMITTAL**

| Attomey Docket No.     |   |  |
|------------------------|---|--|
| First Inventor         |   |  |
| Title                  |   |  |
| Express Mail Label No. | • |  |

| (Only for flew horiprovisional applications under 37 CFR 1.33(b))  | Express Mail Label No.   |
|--|--|
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.  | ADDRESS TO:  Mall Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450  |
| 1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D | 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:                   |
| - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s)   | i. CD-ROM or CD-R (2 copies); or  ii. Paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  |
| - Abstract of the Disclosure  4. Drawing(s) (35 U.S.C. 113) [Total Sheets]  5. Oath or Declaration [Total Sheets]  a. Newly executed (original or copy)  | 9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS                                    |
| b. Copy from a prior application (37 CFR 1.63(d))  (for continuation/divisional with Box 18 completed)  i. DELETION OF INVENTOR(S)  Signed statement attached deleting inventor(s)  name in the prior application, see 37 CFR  1.63(d)(2) and 1.33(b).   | Statement (IDS)/PTO-1449 Citations Preliminary Amendment Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 |
| Application Data Sheet. See 37 CFR 1.76  18. If a CONTINUING APPLICATION, check appropriate box, and supproperties of the specification following the title, or in an Application Data Sheet under 37.   | (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. Other:  |
| Continuation  Divisional  Continuation  Prior application information:  Examinar  For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the 5b, is considered a part of the disclosure of the accompanying continuation The incorporation can only be relied upon when a portion has been inadverted.                                       | or divisional application and is hereby incorporated by reference.   |
| 19. CORRESPONI   | DENCE ADDRESS  |
| Customer Number: 041116  | OR Correspondence address below  |
| Name Waldean A. Schulz Address 440 Japonica Way  |  |
| ,  | State CO Zip Code 80304  |
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| Name (Print/Type)  | Registration No. (Attorney/Agent)  |
| Signature  | Date   |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Fee transmittal Page 1 of 2

#### **FEE TRANSMITTAL**

Electronic Version v08 Stylesheet Version v08.0

Title of Invention

shaped blurring of images for improved localization of point energy radiators

Application Number:

Date:

First Named Applicant: Dr. Waldean Allen Schulz

Attorney Docket Number: SchulzWA-001

# TOTAL FEE AUTHORIZED \$659

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

#### BASIC FILING FEE

| Fee Description    | Fee Code | Amount \$        | Fee Paid \$          |
|--------------------|----------|------------------|----------------------|
| Utility Filing Fee | 2001     | 385              | 385                  |
|                    |          | Subtotal For Bas | ic Filing Fee: \$385 |

### **EXTRA CLAIM FEES**

| Extra Claims | Fee Code          | Amount \$ | Fee Paid \$ |
|--------------|-------------------|-----------|-------------|
| 26           | 2202              | 9         | 234         |
| 0            | 2201              | 43        | 0           |
|              | Extra Claims 26 0 | 26 2202   |             |

Subtotal For Extra Claims Fees: \$ 234

#### **ASSIGNMENT FEES**

| Fee Description                                      | Number   | Quantity | Code | \$ | Paid \$  |
|--|----------|----------|------|----|----------|
| Recording Each Patent<br>Assignment Per Property Fee | 00000000 | 1        | 8021 | 40 | 40       |
| Subtotal For Additional Fees: \$40                   |          |          |      |    | es: \$40 |

## **AUTHORIZED BILLING INFORMATION**

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Credit account number:

8407

Expiration Date (YYYYMMDD): 2007-01-31

Authorized name:

Waldean A Schulz

Billing address:

80304